



Report on Content Survey for the Development of Aponjon Content Version 3



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Date of Publication: June, 2013

Table of Content

Executive Summary

1. Introduction to MAMA
2. Content-heart of “Aponjon” service
3. Content version 2 Survey

Survey Process Flow

4. Survey Process Flow Description
 - 4.1 Sample Selection
 - 4.2 Questionnaire Development
 - 4.3 Site Selection
 - 4.4 Surveyor Selection
 - 4.5 Survey Training
 - 4.6 Survey
 - 4.7 Data Analysis
 - 4.8 Selection for Revised 3rd Version of Content
 - 4.9 Content Handover
 - 4.10 Survey Training

User Data Analysis, Findings and Recommendations

5. User responses analysis
 - 5.1 The trusted source for advice on child’s or self sickness
 - 5.2 Trust in content
 - 5.3 Reasons to trust “ Aponjon” messages
 - 5.4 Why choose ‘Aponjon’ when getting other services:
 - 5.5 Whether “Aponjon” is able to answer the curiosity of subscribers
 - 5.6 Usefulness of the messages
 - 5.7 Period of the service
 - 5.8 Length of the messages
 - 5.9 Message frequency
 - 5.10 Clarity of the messages
 - 5.11 Usefulness of the messages
 - 5.12 Perception of message style
 - 5.13 Aponjon tune in the message
 - 5.14 Advertisement with the message
6. Recommendations

Non-User Data Analysis, Findings and Recommendations

7. Non user response analysis
 - 7.1 Trust for advice on child’s or self sickness
 - 7.2 Trust in content
 - 7.3 Why choose “Aponjon” when getting other services
 - 7.4 Whether “Aponjon” is able to fulfill the need of the end users
 - 7.5 Period of the service
 - 7.6 Length of the messages
 - 7.7 Message frequency

- 7.8 Clarity of the messages
- 7.9 Perception of message style
- 7.10 Aponjon tune in the message
- 7.11 Advertisement with the message

8. Recommendations

Feedback from the Survey and Accepted Recommendations

9. Content Improvisation

- 9.1 Urban message revision (both mother and gatekeeper)
- 9.2 9.2 Message length revision:
- 9.3 Dividing all messages into separate components:

10. Challenges

List of Annex

- Annex 1: Questionnaire Sample for User
- Annex 2: Questionnaire Sample for Non-User
- Annex 3: Surveyors Bio

Executive Summary

1. Introduction on MAMA

The Mobile Alliance for Maternal Action (MAMA), a public-private partnership that seeks to improve maternal and child health by harnessing the power of mobile technology to deliver vital health information to new and expectant mothers, was launched in May 2011 by the United States Secretary of State Hillary Rodham Clinton. MAMA was founded by the U.S. Agency for International Development (USAID) and Johnson & Johnson, in collaboration with

the United Nations Foundation, the mHealth Alliance and BabyCenter LLC. The initiative is being implemented in Bangladesh, India and South Africa.

In Bangladesh, MAMA activities are being implemented by D.Net, a social enterprise harnessing access to information and knowledge through the power of ICTs. Ministry of Health and Family Welfare and the Access to Information (A2I) Program at Prime Minister's Office are the official partners of the initiatives. The MAMA activity in Bangladesh has been branded as APONJON. The goal of the initiative is to substantively contribute to a reduction in maternal and neonatal mortality by improving health-seeking and preventative behaviors of pregnant women, new mothers and their families.

2. Content-heart of "Aponjon" Service

Content is the core for the entire initiative, therefore it is important that the messages are accepted by target beneficiaries and they follow the advices for improving house-hold level practices and health-seeking behavior for mother and children. It is also important that the messages are accurate, can serve all the necessary queries that an expectant or new mother could come up to, precise, and worth to pay for in different socioeconomic classes. Emotions of the content needed to be intact in 1 minute IVRs or in 160 characters of single sms messages.

For Sustained improvements in health knowledge and practice as well as health seeking behavior of targeted women and their gatekeepers, MCC Ltd. developed content to be delivered to target beneficiaries in both text and voice form. The content development methodology was very comprehensive, which included a number of steps, where leading national and international experts were engaged for the final vetting of messages. The content was approved by the IEC Committee of the Ministry of Health and Family Welfare. Baby Center LLC, the global partner of MAMA, had also invested their time in reviewing the content.

The content had evolved over few phases. Phase I of content development was implemented during the pilot phase of the initiative. The research team of "Aponjon" conducted phone surveys during the pilot to understand the actual need of the beneficiaries and determine the acceptability of the proposed service and content to pregnant women, mothers of new born babies and husband/family gatekeepers. Findings from this phase have been taken as inputs for Phase II of content development.

Content version 2 was produced while the pilot was still ongoing. Content for urban and rural people was separated. Some information on nutrition, health care and health seeking behavior was specialized. Urban contents contained less drama this time. To understand the effectiveness of content version 2 there were separate surveys both from MAMA research team and MCC. MAMA research team conducted in depth interviews on selected "Aponjon" subscribers both from urban and rural settings. Meanwhile, MCC conducted a separate survey on content version 2 on users and non-users of the service.

The overall objective of the content survey was to:

1. Test and modify information service (content) that is specific to the needs to the target beneficiaries (audiences);

- Determine the level of acceptability of the proposed service and content to pregnant women, mothers of new born babies and husband/family gatekeepers.

Specific objective of the survey was to:

- Understand acceptability of the messages both by users and non-users of the service
- Understand adequacy of the length of the messages for expectant and new mothers
- Understand clarity of the messages to the beneficiaries
- Understand frequency of the messages
- Understand the presentation of the IVR messages with jingle, signature tune etc.
- Understand acceptability for advertisement on related products in the messages and determine positioning the advertisements before or after each message
- Understand the acceptability of the central “Doctor apa” character in the IVR contents

3. Content Version 2 Survey

Two different types of sample group were chosen for the survey i) sample from Users and ii) sample from non-user of the service. Survey location were chosen based on different types of standard of living in Bangladesh i) Urban ii) Urban Slum iii) Semi-urban and iv) Rural.

Survey Sample Matrix

Issues		Urban	Urban Slum	Semi-urban	Rural	Total
Sample Size for Pregnant Mothers	Users	5	8	0	18	31
	Non-Users	10	10	10	21	51
Sample Size for New Mothers	Users	5	8	5	28	46
	Non-Users	9	10	10	21	50
Sample Size for Gatekeepers	Users	5	10	5	25	45
	Non-Users	10	10	10	21	51
Total		44	56	40	134	274

A questionnaire was designed before the survey was conducted in selected locations. A group of surveyor was specially appointed for the survey. The questionnaire was particularly designed as such so that maximum information can be obtained from the survey, fulfilling all the objectives of the survey perfectly. It was divided into five (5) sections where the surveyor asked for the i) basic Information; ii) questions on “Aponjon” Service Reliability and Acceptability; iii) Usefulness of the content in day-to-day activities; iv) Service period and the v) duration of each message which they are willing to listen to. Refer to Annex 1 and Annex 2 for Sample Questionnaire for User and Non-user.

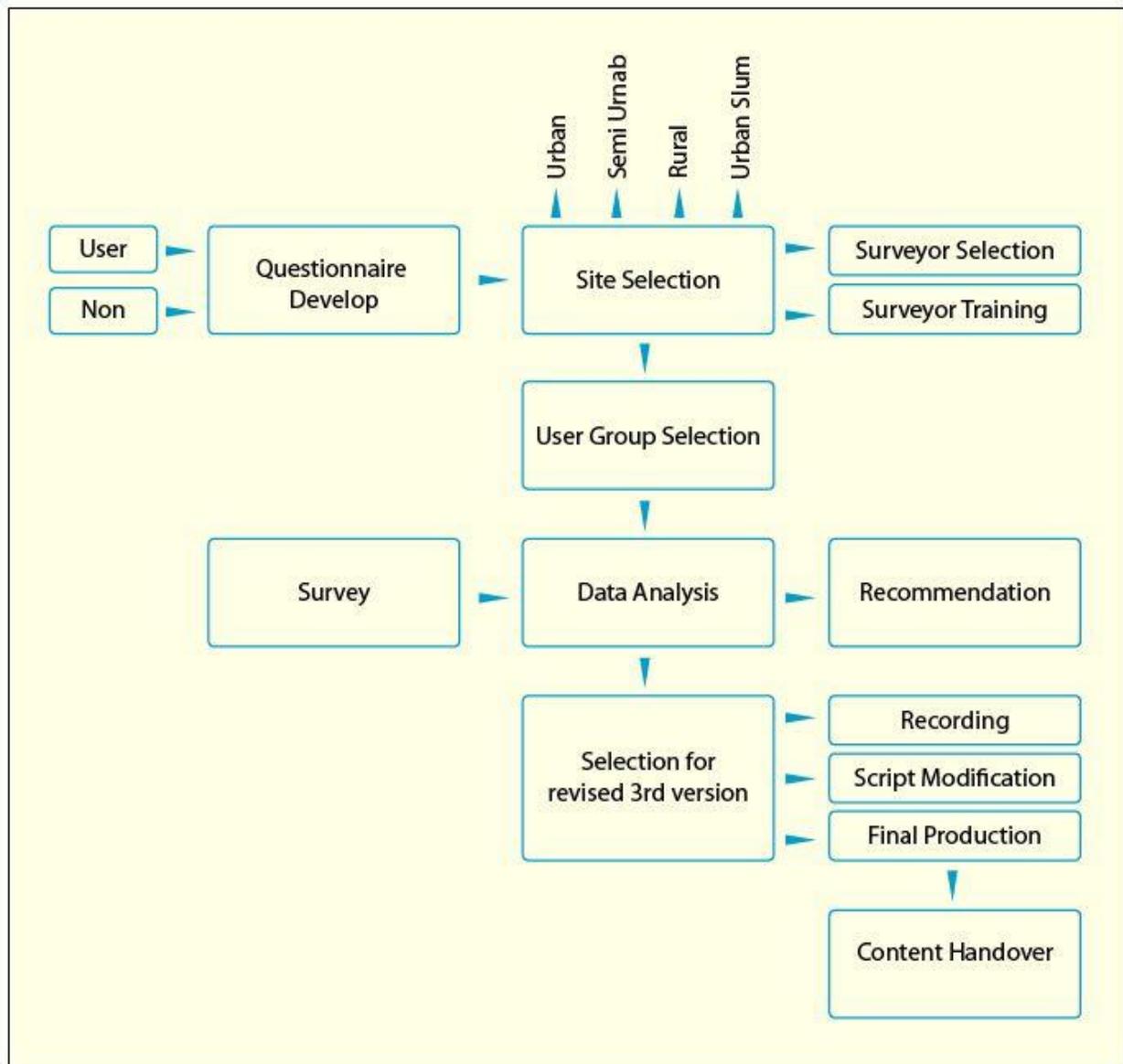
Day long training was given to all surveyors at MCC office before they were sent out to conduct the survey. In the training session the surveyors were briefed on “Aponjon” initiative and were lectured on how to approach the beneficiaries in order to collect accurate answers from them.

In the above context, it is important that messages are systematically reviewed at a regular interval. There is a technical committee which contains experts from the Government and other organizations. Any changes recommended in the content survey would be passed over to the

technical committee for review. After the vetting, the content would be sent to the IEM for approval.

Survey Process Flow

Survey & Content Modification (VIII) process flowchart



4. Survey Process Flow Description

4.1 Sample Selection

Two (2) different questionnaires were developed for the field survey. Each were intended for different sample groups as follows

- i) User (existing registered users)
- ii) Non-user (potential non-registered users)

4.2 Questionnaire Development

Two (2) separate questionnaires were developed based on the **Research Questions related to Content** mentioned in the Scope of Work for field survey of content. The main objective was to collect information based on the following objectives:

1. Do subscribers trust information delivered via mobile phone; find this an acceptable channel for health messages?
2. Should we have special messages targeted to men (or a separate service)?

Both the questionnaires were composed of five (5) different sections as follows:

- a. Basic Information
- b. "Aponjon" Service Reliability and Acceptability
- c. Content Helpfulness
- d. Service period (during pregnancy and after birth of a child)
- e. Duration of each message which they are willing to listen to

4.3 Site Selection

The user and non-user were selected randomly from four (4) different areas having different standard of living. They are as follows:

- a. Urban
- b. Semi Urban
- c. Urban Slum
- d. Rural

4.4 Surveyor Selection

Based on skill and expertise a team of surveyor was selected for the survey to be conducted at field. Initially potential surveyors were called upon for a walk-in-interview and from there the best candidates were appointed for the survey.

4.5 Survey Training

A team of ten (10) surveyors were selected and were provided day long training at MCC premises where they were lectured on Aponjon initiative and the objective of the survey. They were thoroughly explained regarding the questionnaire. Then they were advised on how to approach a pregnant woman, a new mother and the gatekeeper.

4.6 Survey

After the user group selection, of both non-user and user from the selected site, the surveyors went down with the questionnaire for the survey in the pre-identified areas.

4.7 Data Analysis

All the data collected for both the sample group of user and non-user was analyzed by the data analysis. Refer to Annex 3 and Annex 4 for the detailed report with **recommendations** derived from the survey.

4.8 Selection for Revised 3rd Version of Content

Based on the recommendations obtained from the survey a revised third version will be produced with the feedbacks incorporated. For this, the scripts need to be modified accordingly. The modification needs to be vetted at script level before going for recording. Once this has been completed then MCC went for recording of the newly modified scripts and finally for the final production.

4.9 Content Handover

After successful completion of the final production of the content, it has been handed over.

4.10 Survey Training



The training of the surveyors was held at MCC Ltd. office in April, 2012 and was composed of successive sessions for an entire day. The training was composed of all surveyors and head trainers. The training itself consisted of a series of lectures and **experiential** processes designed to show the participants a new manner of tackling with life situations and concerns and how other possible explanations and interpretations may lead to different results. Initially a thorough presentation was made on the questionnaire.

Initially they were lectured on “Aponjon” initiative and were provided leaflets as reference training materials. During the training session the surveyors also listened to the audio content themselves for their ease in filling up the questionnaire throughout the field survey. They were given a thorough explanation on the questionnaire and the significance of having five (5) segments to the questionnaire. Then they were trained on how to ask the questions to the beneficiaries in order to collect the accurate answer for each.

As part of the training, a post-training interview was held where the trainers were asked to demonstrate on how they would actually approach the beneficiaries during their field level survey.

User Data Analysis, Findings and Recommendations

5.1 The trusted source for advice on child's or self sickness

Who the women most trust on health advice issues was important to create the IVR messages. The IVR messages were recorded with emotion, it was suggested by content experts that the contents are designed around a character which is visible and acceptable by all. Before content version 1 was produced a survey was done to select the character of the messages. Women at that time had responded that they trust the advice of an MBBS female doctor above everything. During content version 2 survey, the content team wanted to see how the “Doctor apa” gained trust in the recorded messages. Doctor apa had always started the IVR messages with a warm welcome “I am your Doctor apa speaking”.

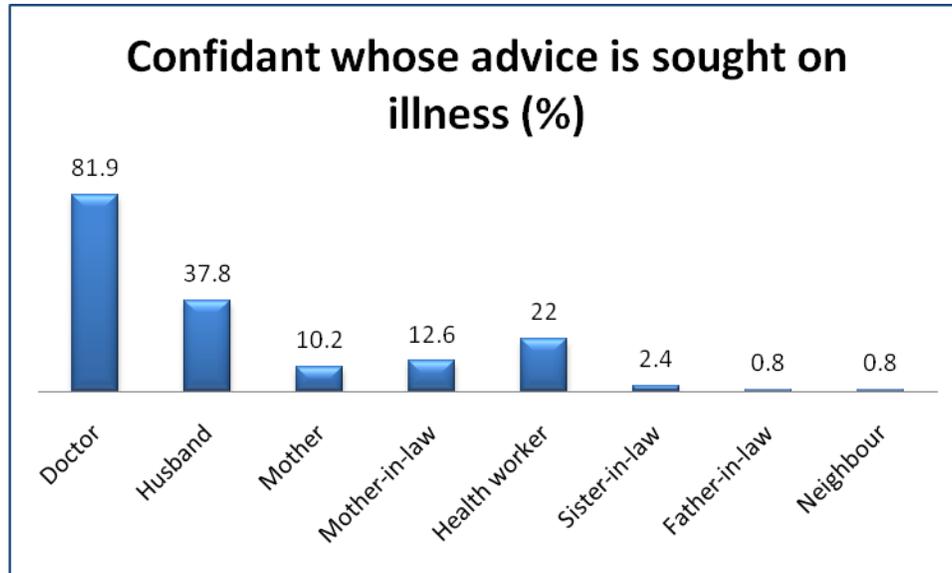


Fig: Subscriber's response on trust on the personnel for health advice

On a multiple response question 81.9% of women and gatekeepers who were also “Aponjon” subscribers answered that they trusted doctor's advice for any illness. However women replied beside the doctor's advice they trusted husband's opinion (37.8%) on health. Both women and husbands (10.2%) replied that they relied on their mothers for advice. Subscribers also replied having trust in mother-in-laws (12.6%), health workers (22%), sister-in-laws (2.4%), father-in-laws (0.8%) and neighbors (0.8%) respectively.

Implication: The content's doctor Apa character should not be changed. As women rely on their husband opinion in the household level, the content of the service should also address the husbands and add emotions/responsibility in the weekly messages to gain endorsement from the husband also.

5.2 Trust in content

“Aponjon” subscribers who had listened to the messages for a significant amount of time were asked whether they could rely on the content, whether they felt the information was true. We had 42 male and 85 female respondents from the service. All most all of them except one woman said they had no confusion on the trust issue of the content.

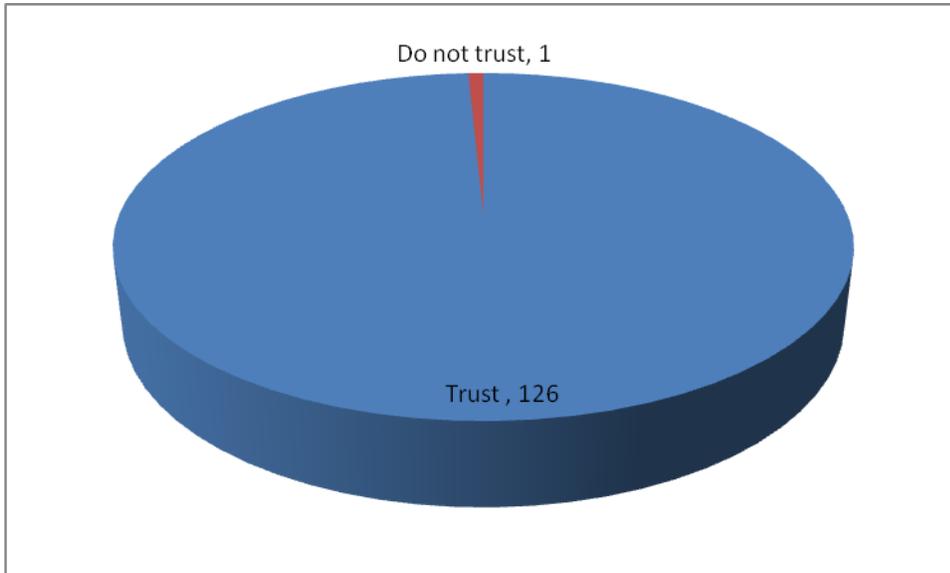


Figure: Trust on content by the subscribers

The woman who did not have faith in 'Aponjon' message prefers talking to a real doctor on phone.

Implication: Mobile health message is acceptable among 'Aponjon' subscribers.

5.3 Reasons to trust "Aponjon" messages

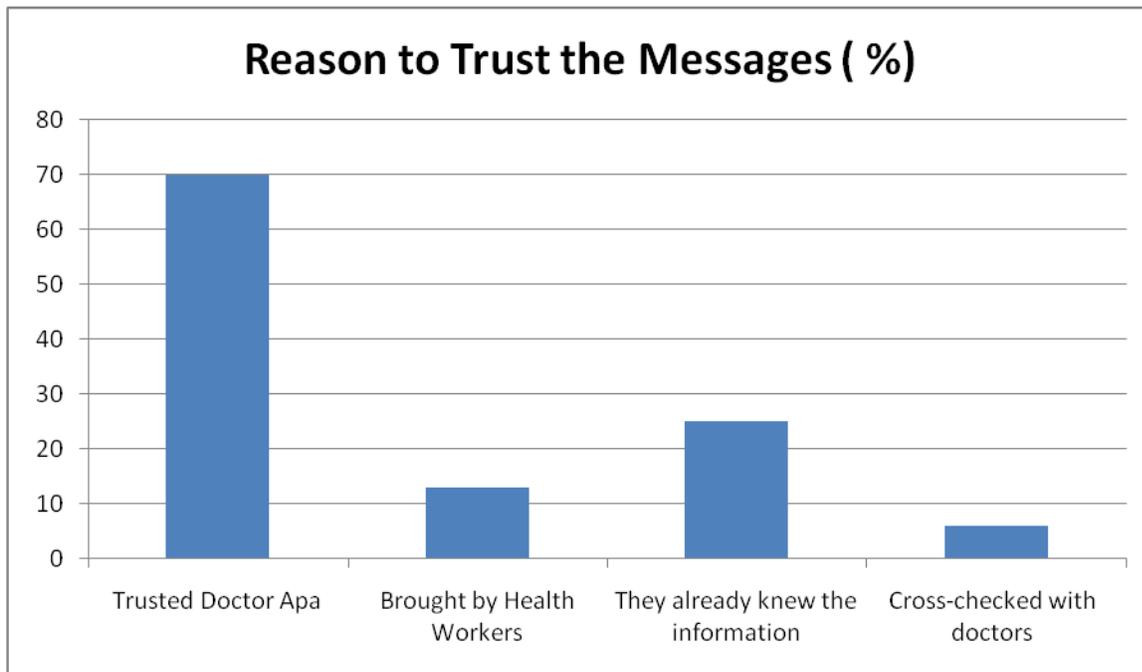


Fig: Reason to trust the Messages

Aponjon messages had a central character “Doctor apa” which could draw trust of subscribers in the service. On a multiple response question 70% subscribers expressed they were happy to receive the messages where doctor apa was talking. 13% subscribers said they were convinced about the service as this service was brought to them by health workers. 25% said the service talked about the things that they already know was true while 6% had cross-checked the messages with their doctors and had found it true.

Implication: Health worker’s reference to the service can draw people to the service.

5.4. Why choose 'Aponjon' when getting other services:

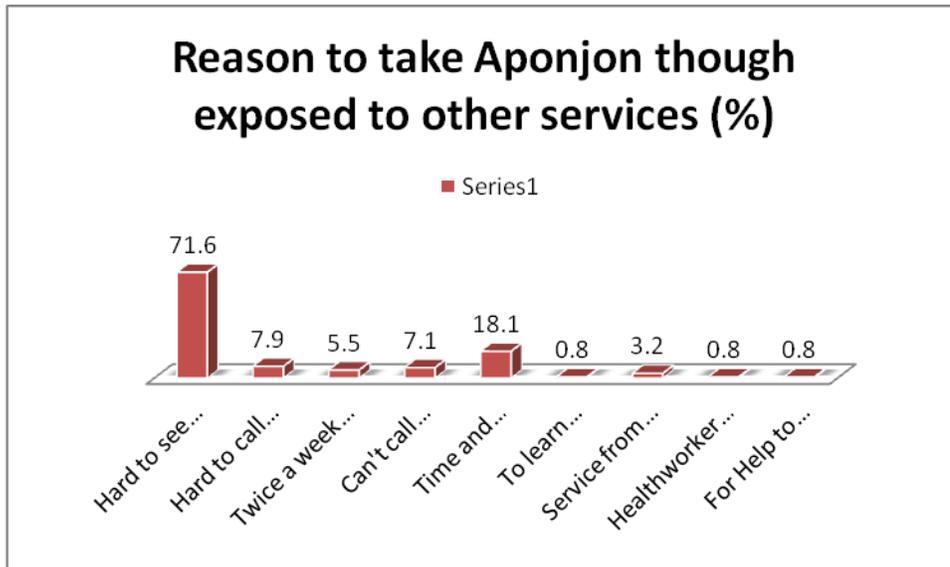


Fig: Reason to prefer Aponjon over other services

On a multiple response question 71.6% subscribers said they wanted “Aponjon” service as seeing the doctors and health workers is not possible all the time. 18.1% subscribers said they could save money and time to seek health advice from a professional. Others considered getting two useful phone calls a week (5.5%) rather than calling a physician or health worker (7.9%), getting health advice just sitting from home (3.2%), having confidence in taking decision on health issues (0.8%), a wonderful channel to learn something new (0.8%) and some considered the service as it was suggested by the health workers whom they trust most (0.8%).

5.5 Whether “Aponjon” is able to answer the curiosity of subscribers

The purpose of the content is to answer all possible queries by an expectant woman, new mother or her gatekeeper. A woman might be pregnant for the first time in her life, she may not have anyone at all beside her (her mother, mother-in-law), she can be naïve. At that time “Aponjon” messages will be like blessings to her, the only confidant on whom she can rely on until her child turns one. We wanted to understand whether “Aponjon” messages had sufficient information to touch people’s hearts.

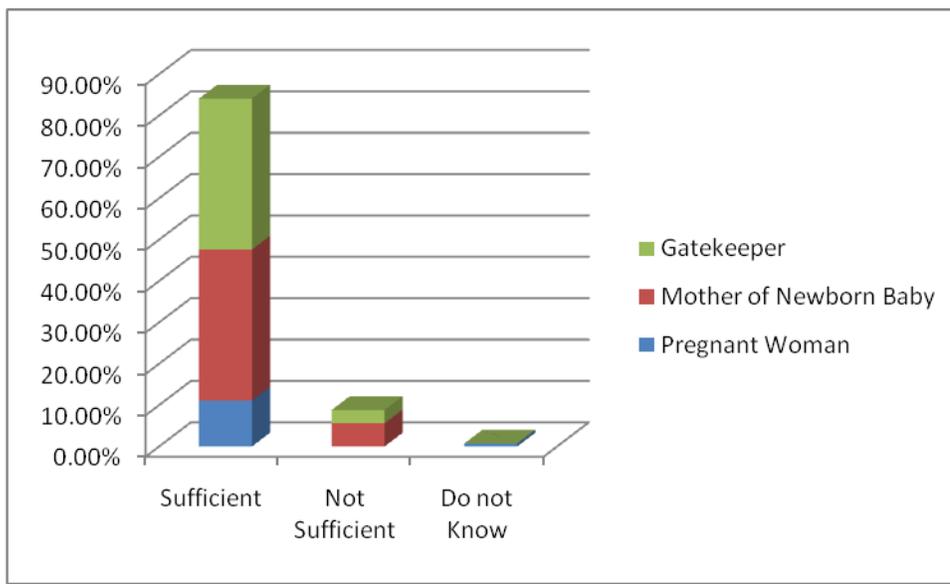


Fig: Subscribers perception on “Aponjon” messages fulfilling necessity (%)

From the above graph we can see that majority of the subscribers (90.5%) think that “Aponjon” messages are enough to meet their need. However 11 subscribers (8.8%) who were not satisfied with the content were residents of the metropolitan city and in urban slums. They required more information on child’s health and illness, correct medicine on illness and option where they could talk to doctors directly.

Implication: Urban contents need revisit. Contents may include specific information on health and illness which can satisfy subscribers from metropolitan city and slum dwellers; who are exposed to a lot of information.

5.6 Usefulness of the Messages

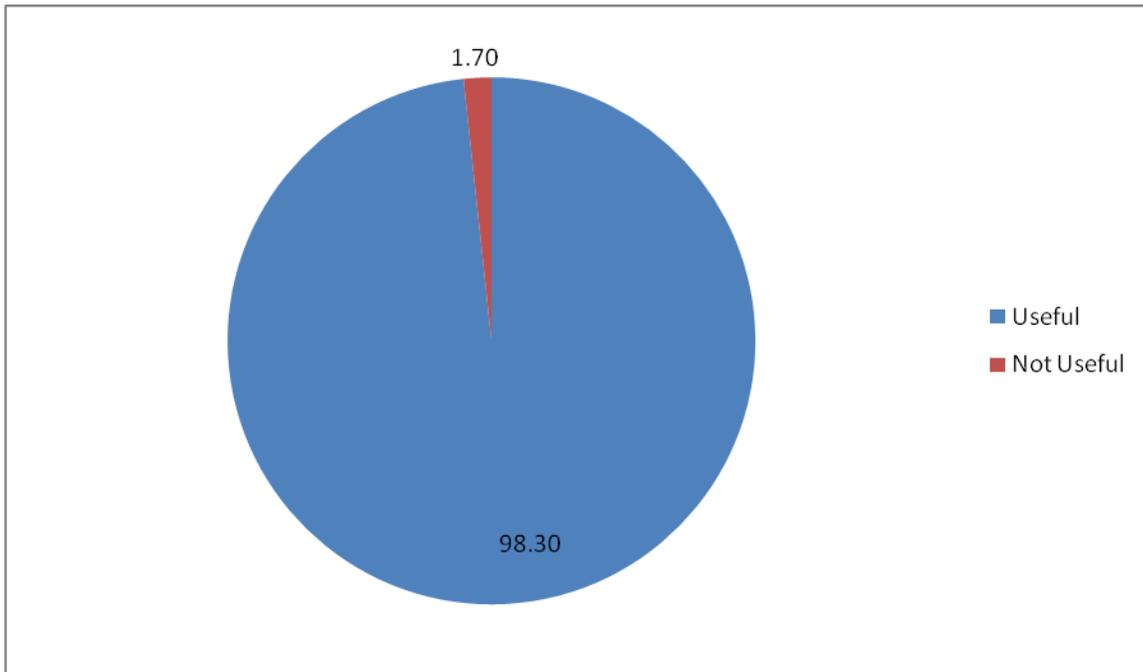
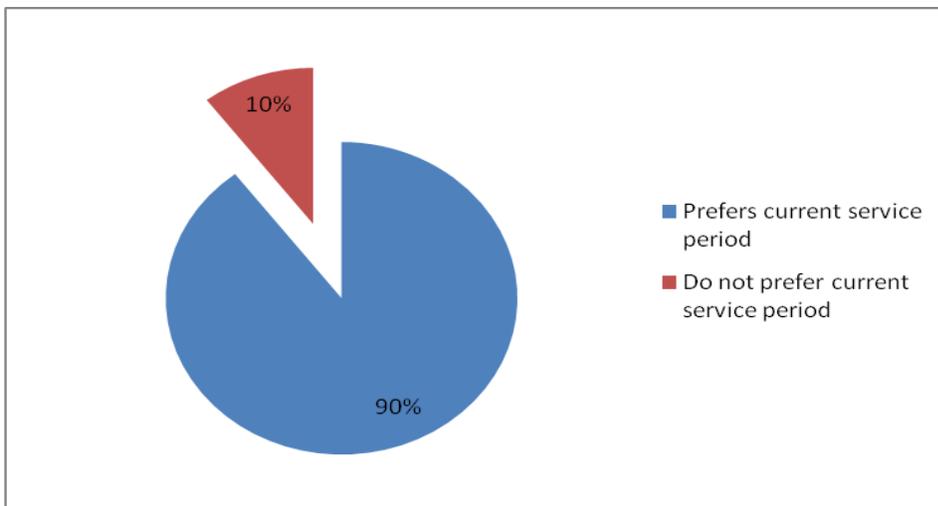


Fig: Perception on usefulness of the messages (%)

“Aponjon” content version 1 was designed after validating with 36 national and international health experts in Bangladesh. Later during the pilot some revisions were done to the content after getting feedback from Baby center and the formative research team; later a second version was produced. 113 Subscribers were asked whether they thought the messages were useful in their daily lives. Except a gatekeeper and a mother from the village all subscribers thought the messages were useful.



5.7 Period of the Service

Fig: Opinion on the period of service

“Aponjon” right now gives service to expectant women from 6-42 weeks and new mother from 0-52 weeks of their baby. A woman can enroll in the service from the very beginning of the service and can continue the service after her baby reaches his/her first birthday. However, there is a need to understand whether the length of the service period is acceptable to target clients. 125 subscribers had responded to this question. Among them 89.6% subscribers (women and gatekeepers) thought that they liked the length of the present service period. 10.4% mothers and gatekeepers did not agree with the others Among them some urban mother (2) and gatekeeper (1) thought the service was only applicable for women who were expectant and they do not require it after birth of the child. Some wanted the service only up to 6 months of child birth (2). A good number of women and gatekeepers wanted the service after 1 year of child’s age up to 2 years, 3 years and 5 years in some case.

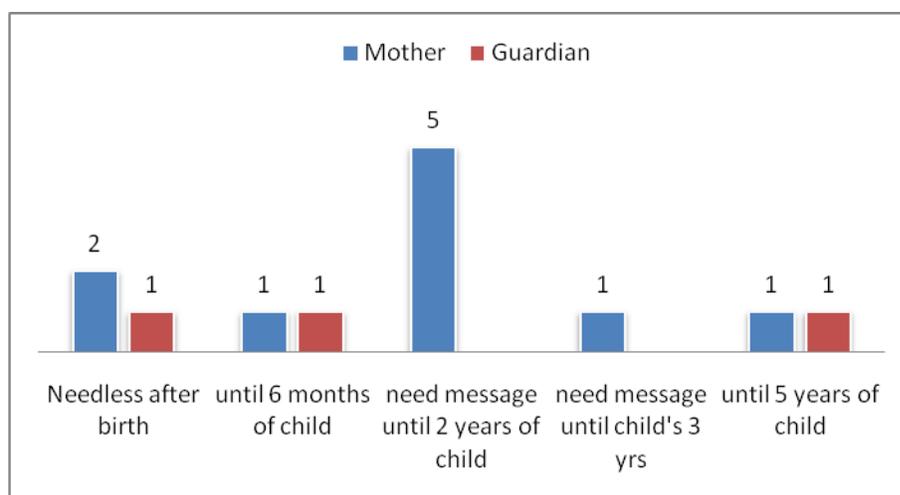


Fig: Distribution of subscribers who wanted a different service period

Implication:

1. Urban subscribers’ perception is not well captured as the number is low.
2. Content can keep option to listen to messages for children under 5 years of age.

5.8 Length of the Messages

125 subscribers expressed their perception on the length of messages. 82.4% subscribers commented the messages of 1 minute was appropriate for them. However, 11.2% subscribers thought that the messages were longer than their requirement. 6.2% subscribers commented the messages were shorter than their need; they would like to hear more. Unfortunately there was no data on the desired length of message from the group which thinks the messages are longer than their need.

In the chart below, the percentages given above are broken down by three categories: Pregnant Women, New Mothers and Gatekeepers. As can be seen, all pregnant women who responded are satisfied with the current message lengths.

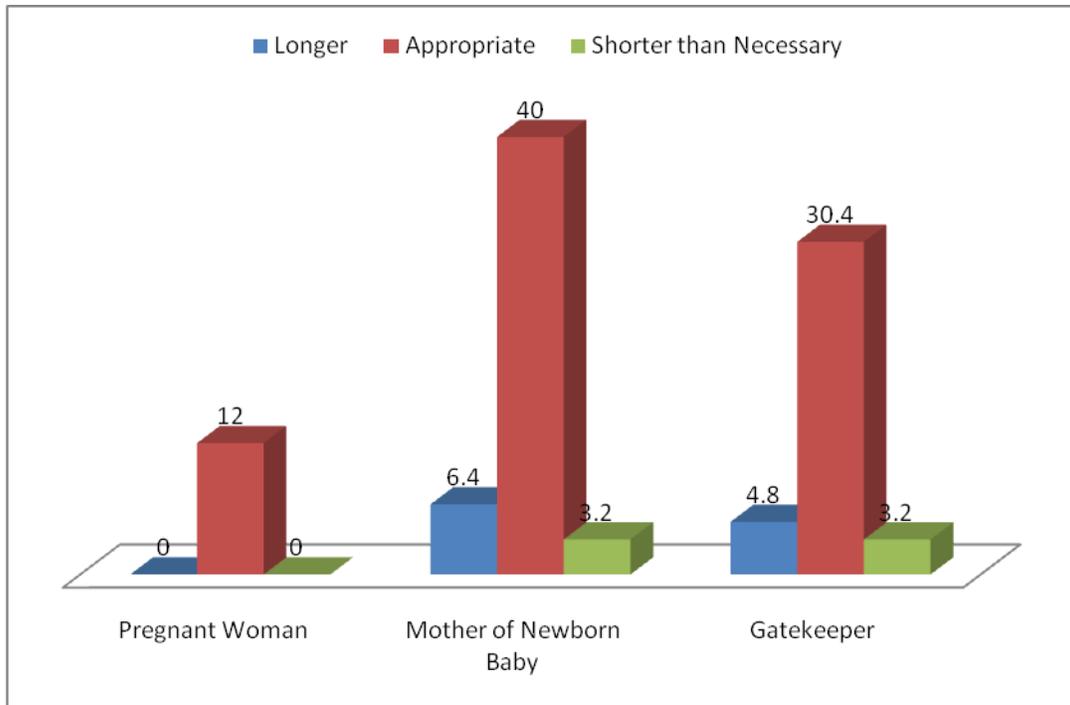


Fig: Perception on length of messages (%)

Some mothers and gatekeepers thought the messages were shorter than their need. 66.7% of them wanted to listen to the messages for 2 minutes while the rest 33.3% wanted messages containing length of 3 minutes. We were also surprised to see that subscribers from lowest or lower middle class quintile (income less than 20000) wanted to listen to longer version of the messages.

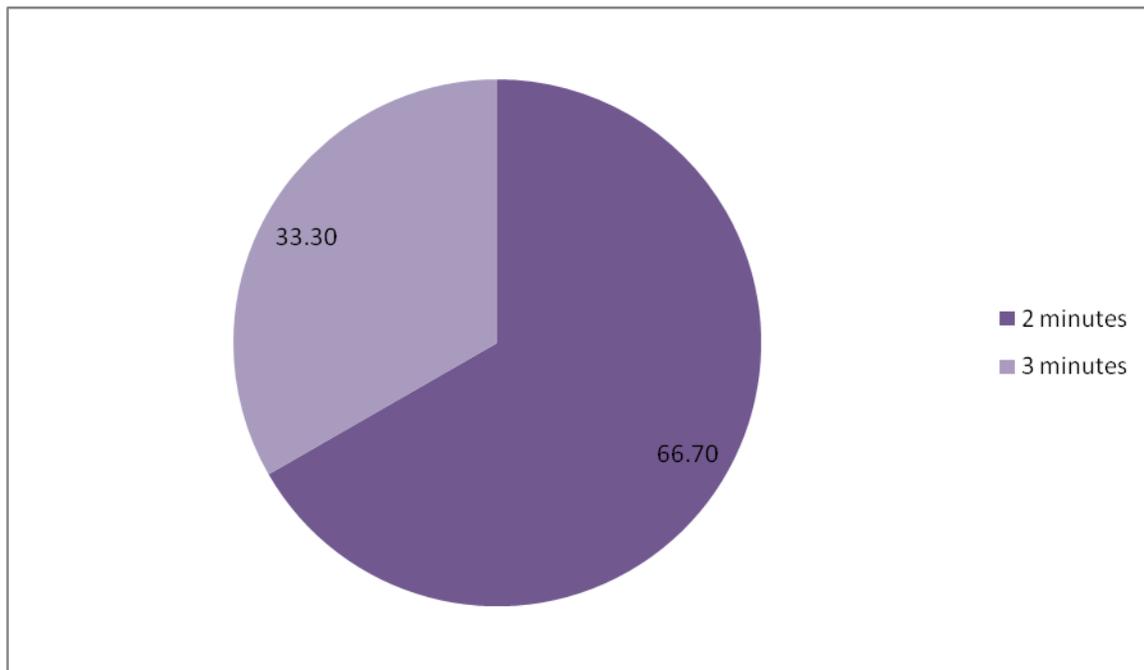


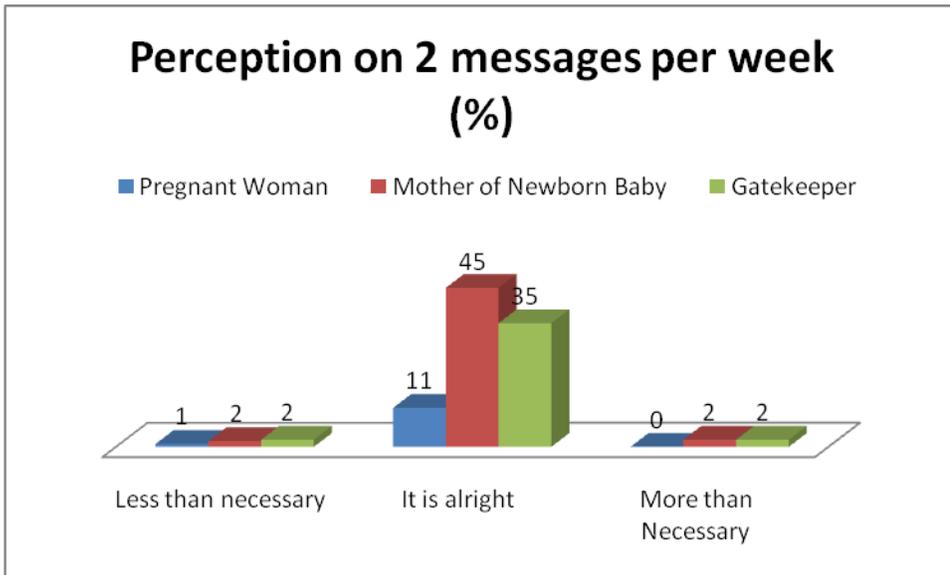
Fig: Preferred length of messages for subscribers who want to listen to longer messages (%)

Implication: There should be in-depth understanding on the subscribers who thought the messages of 1 minute were long to them.

As majority of the subscribers thought the length of 1 minute for IVR is okay we need not change the length. However, we can have options of extended messages on mother and children's healthcare for interested subscribers.

5.9 Message Frequency

During the pilot expectant women and new mothers received 2 messages per week. 123 women and gatekeepers shared their views on the frequency of the messages that a woman should get. Majority of the subscribers (91%) thought 2 messages per week were just perfect. However, 5% subscribers preferred fewer messages (1 message per week). While some other wanted more messages per week (4%); they would love to receive 3, 4 or even 5 messages per week. We can also understand the need for more information is amongst the rural people and urban slum dwellers who were not exposed to a lot of information like the urban educated people.



Implication: As majority (91%) wanted 2 messages per week, we need not change the service design. However keeping extended version message choice might fulfill the interest of subscribers who wanted more messages.

5.10 Clarity of the Messages

During the phone survey two IVR messages were played, later the respondent was asked to recall the content of the message. The purpose of this exercise was to understand the clarity of the messages.

Subscribers & Location		Can say completely (%)	Can say partially (%)	Cannot say anything (%)
Metropolitan City	Pregnant	1	0	0
	Mother	7	2	2
	Gatekeeper	2	1	1
Paurasava	Mother	0	2	0
	Gatekeeper	2	2	1
Village	Pregnant	9	1	0
	Mother	17	10	1
	Gatekeeper	15	5	0
Urban Slum	Pregnant	1	1	0
	Mother	4	2	0
	Gatekeeper	6	5	0
Total		64	31	5

From the table above we can see that majority (64%) of the subscribers could tell the messages completely. We could also understand there was no relation with location or education of

subscribers in recalling the messages. 31% could partially recall the messages. Only 5% could not say anything.

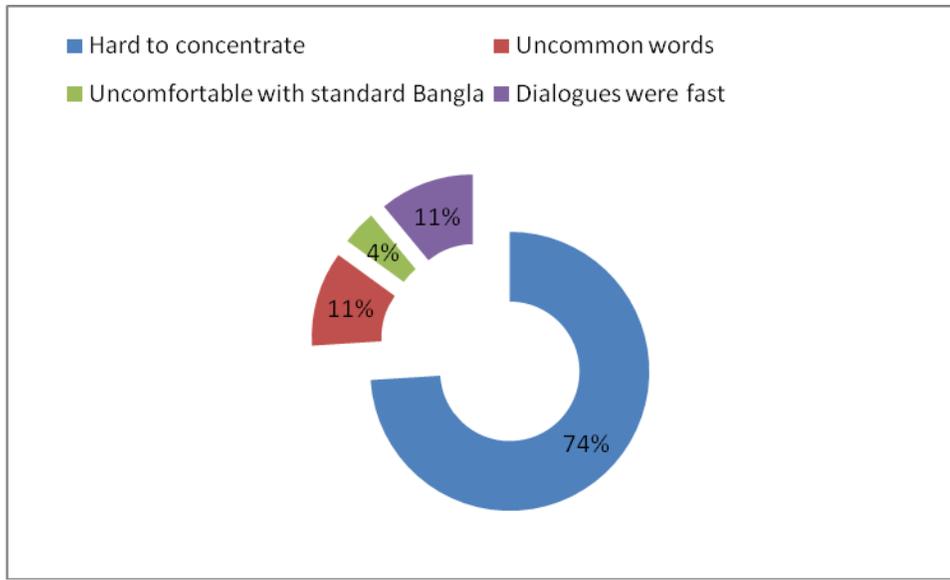


Fig: Reason for having difficulties in recalling message content (%)

31% subscribers who could not say the messages completely were asked what the complication they were facing was. Majority (74%) replied they found it hard to concentrate. Others said there were some words they were not familiar with (11%), then some thought the dialogue was fast (11%), some were uncomfortable with the standard Bangla (4%)-they preferred local dialect.

There was no good answer from the subscribers who could not tell anything about a message.

Implication: The findings indicate a good number of people need to listen to the messages twice. So we need to keep the 'pull' option open to retrieve message for interested subscribers.

There should be complete R & D on word by word to understand which words are unfamiliar to subscribers in urban and rural context.

Ensure the messages do not become clumsy with too many information on which people have to concentrate too much.

Create local dialect option.

Check on the content recording. The messages should not be read out too fast.

5.11 Usefulness of the Messages

The objective of the "Aponjon" messages is to bring changes in women and gatekeepers attitude in taking decision and daily action in addressing maternal and child health. We wanted to know how much the subscribers were benefitted from the service, whether they thought the

messages were useful. 125 subscribers had responded and most (89.6%) of them thought the messages were useful. However some thought the messages were useful to some extent (9%), some thought they learned many new things in an easy way (3%) and a very few subscribers did not at all think the messages were useful (1%). The acceptability rate was quite high among the rural people. The data is divided by the regional distribution of the subscribers as shown below.

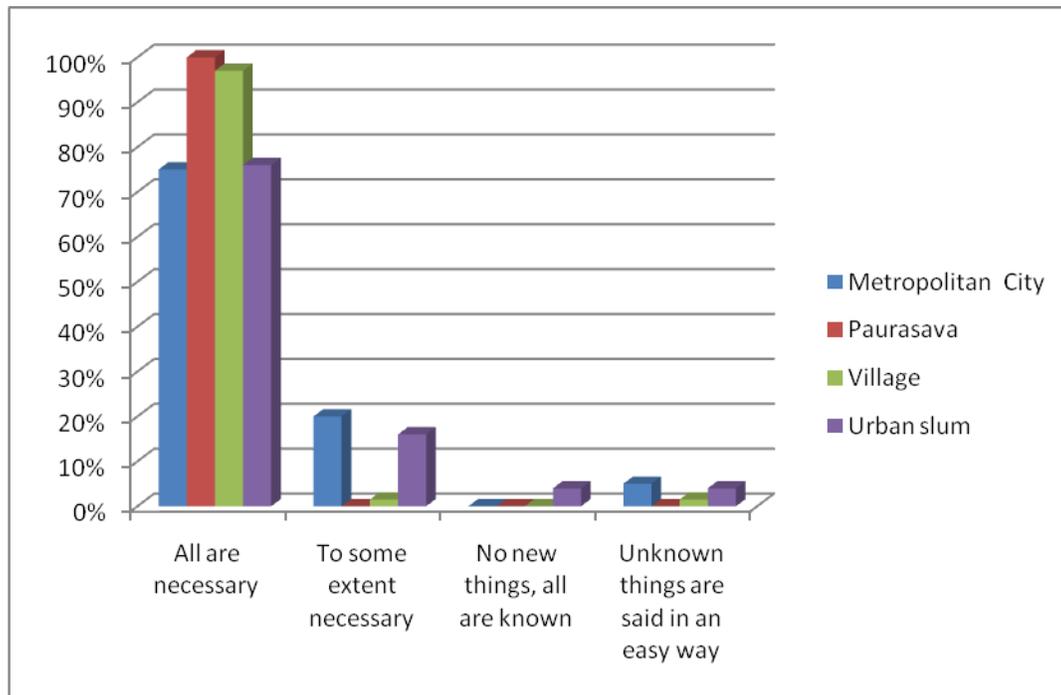


Fig: Perception of usefulness of the messages among subscribers from different areas (%)

If we analyze the response of the subscribers based on where they were from, the information in the content was felt 100% necessary by rural people and 97% by town residents. However, not all subscribers from urban slum and metropolitan city felt in the same way. 75% metropolitan city thought all the messages were necessary. 20% of metropolitan city dwellers who are from SEC A or B thought the messages was to some extent necessary and the rest 5% thought the messages informed them about many unknown things.

The picture was quite similar with the urban slum dwellers. 76% of them thought the messages all were necessary, 16% thought the messages were to some extent necessary, 4% said they learned something which was new and another 4% said nothing in the information was new to them.

Implication: Urban content should be separate from the rural ones. We need to keep in mind that urban people are exposed to lot of information on web and other devices. Urban slum dwellers have knowledge on health services better than the rural people as they have better access to health centres and specialized doctors. So, urban content for SEC A-E should be revised. There can be separate version for urban SEC A-B and separate version for C-E as their desire for information is different from each other.

5.12 Perception of Message Style

“Aponjon” IVR messages were designed under different style. Some of the messages had drama where the doctor apa talked to a woman (sometimes with her gatekeepers). Some of the messages had only directions from “doctor apa” on the things to do that current week. The respondents from different locations were asked which one they liked most. 68.6% responded they liked messages where “doctor apa” talked only and gave directions. 19.8% of the respondents liked both the drama and directional messages and the rest (11.6%) liked only drama. Interestingly urban slum dwellers liked drama with conversation while urban people from SEC A and B preferred directional messages (50%) We also saw preference for directional messages among rural people (87%). People from suburb areas (Paurasava) preferred both directional messages and drama (58%).

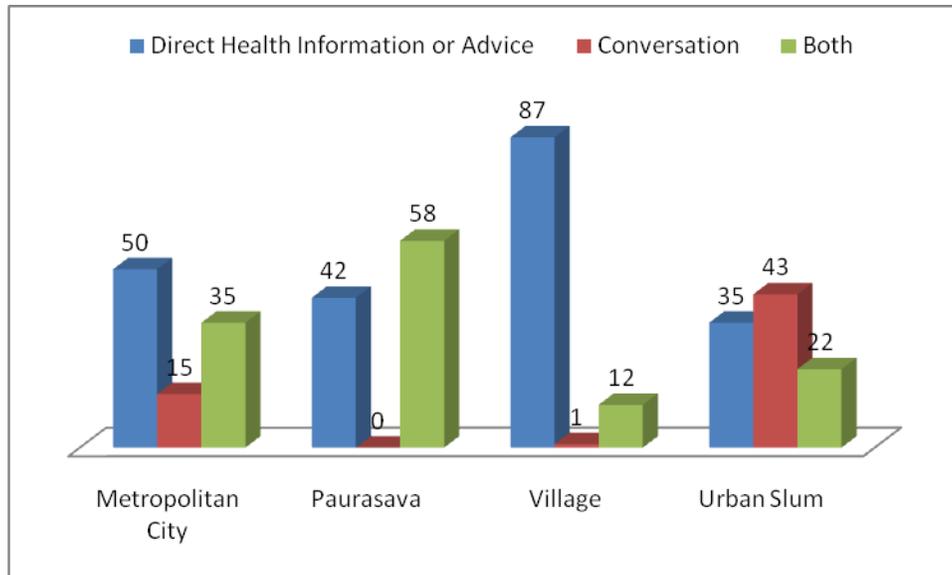


Figure. Preference for message style (%)

Implication: We should keep the directional messages in most of the contents, too many voices may raise confusion in 1 minute message.

5.13 Aponjon tune in the Message

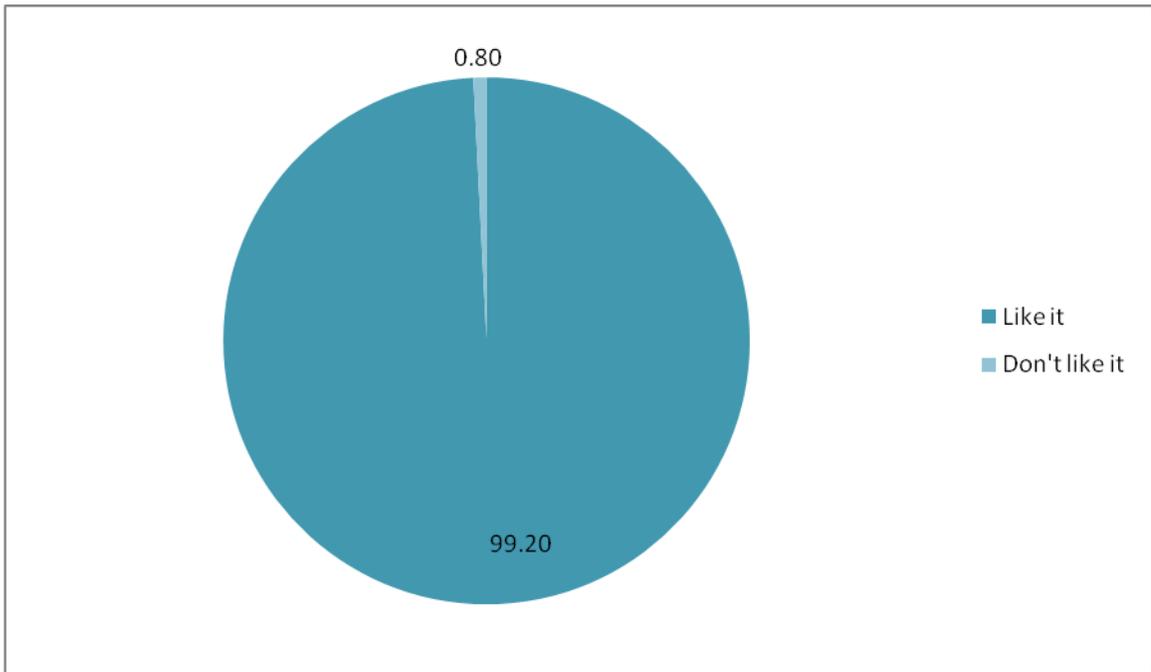


Fig: Preference for the jingle among subscribers (%)

“Aponjon” messages have a jingle at the end of each message. Respondents were asked about the “Aponjon” jingle. 99.2% respondents said they liked the tune. However 0.8% respondent who did not like the jingle suggested instrumental music instead of the jingle.

5.14 Advertisement with the Message

In the national launch “Aponjon” messages may contain advertisements on related products which may help the subscribers on making decision and also ensure a strong business model with sponsors. Some messages were designed with advertisements on FP products, hand washing materials with relevant messages. These advertisements were set at the beginning of the message or at the end of the message. Respondents were asked to rate the messages.

96.5% respondents replied they liked the advertisements while 1.8% thought the advertisements were not required and another 1.8% thought it sounded bad.

Majority of the respondents (91.4%) thought the advertisements were able to keep them in touch with relevant health products. The rest thought the advertisements blends well with the messages.

Respondents were also asked where they wanted to put the advertisements, at the beginning, in the middle or at the end of the message. Majority of the subscribers suggested having the advertisement before the message initiates (56.4%), 40.2% liked this at the end while the rest (3.4%) wanted the advertisement in the middle of the message.

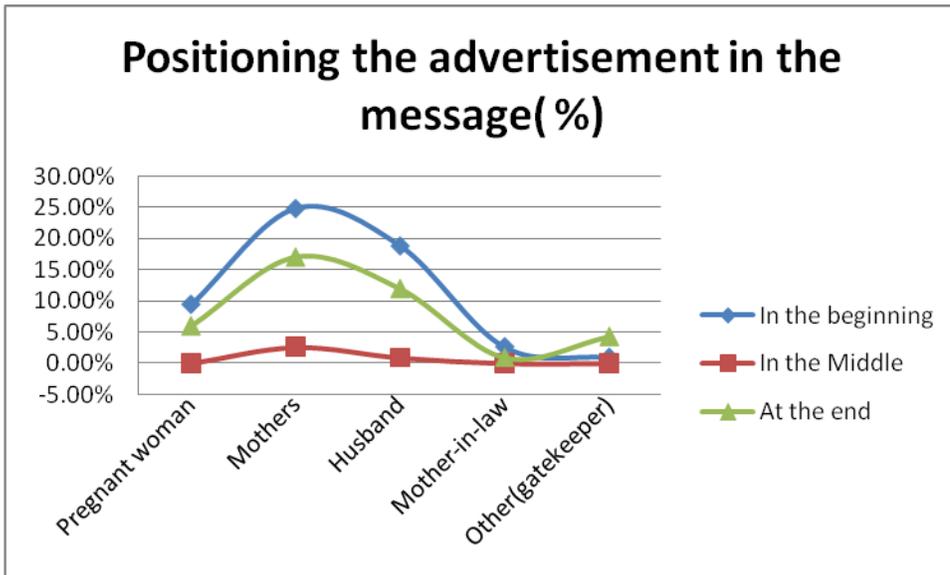


Fig: Preference for ad position among subscribers

Implication: Contents are subject to change based on the feedback from field. It would be best to keep the advertisements in the beginning. In future, after national launch, based on further feedback the advertisement may be changed to the end of the messages.

6 Recommendations:

1. "Doctor apa" character need not be changed, people trust the character.

2. 2 messages per week for women are okay. However subscribers who want to listen to more messages or for longer time they can dial to an option to listen to extended information.
3. IVR length 1 minute is okay. No need to change that.
4. Urban content needs master modification. Urban subscribers are exposed to a lot of information; they would like more specific information. Urban –rural content should be separated if possible. Even urban slum should be considered as a separate content as they come from the rural settings but have the access to information more than the rural people.
5. A good number of people could not recall message after hearing once. Messages should not be clumsy, too informative, should have proper R & D on every word that is used on its' familiarity with subscribers.
6. IVR recording should not be too fast, rural people had specific complaints on that.
7. There should be local dialect option for certain community for better understanding.
8. Subscribers in general recommended directional messages than drama with conversations. A striking preference for directional messages was seen in rural settings as well as urban SEC A & B.
9. Majority of the subscribers liked the 'Aponjon' jingle, no change required.
10. Advertisement in the messages is acceptable to subscribers, they have suggested to put it in the beginning.

Non-User Data Analysis, Findings And Recommendations

7. Non user response analysis

7.1 Trust for Advice on Child's or Self Sickness



Fig: Subscriber's response on trust on the personnel for health advice

When 156 non-users were asked who they trust most for health advice; we received multiple responses having doctors in the first position (70.5%). Women love to consult with their husbands (53.2%), mother (28.8%), mother-in-law (22.4%) and health workers (22.4%) in descending order. The trend is quite similar to that of the users.

Implication: The content's "doctor apa" character should not be changed.

7.2 Trust in Content

All the 156 respondents said they thought the messages of Aponjon was trustworthy. Non-users were given chance to listen to sample messages of Aponjon and then comment. 80% of them trusted the service as it contained a central character which said "I am Doctor apa speaking". 17% of respondents said their trust would increase if they could see the woman who is the "doctor apa" in the message. A few subscribers (2%) put their faith on the messages as they were told the messages were endorsed by the Government of Bangladesh. And the rest 1% said they would believe anything that a doctor would say as doctors never lie.

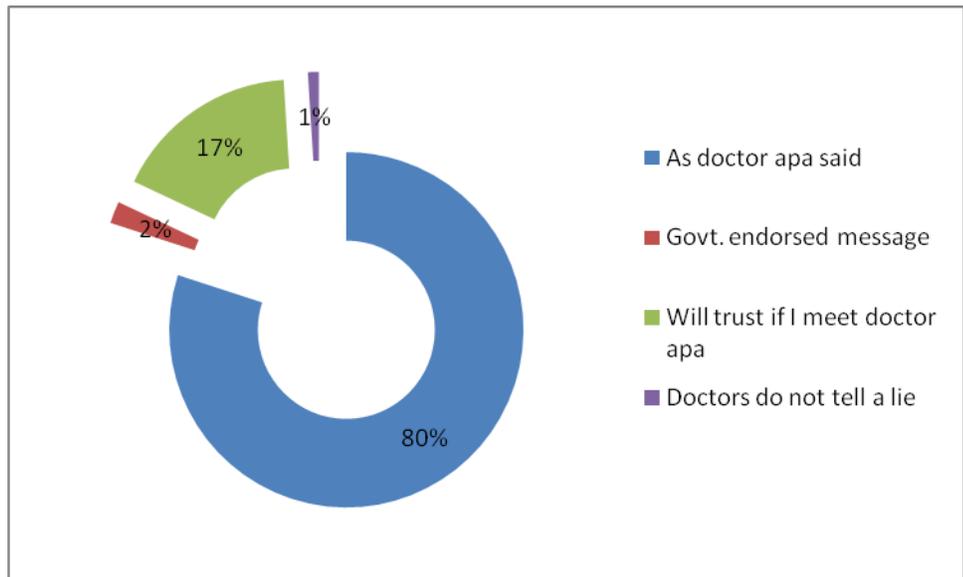


Fig: Reasons for trusting messages among non-users (%)

Implication: Mobile health message is acceptable among non- subscribers. People approve endorsement of the service by the Government. A visit by the imaginary “doctor apa” or MAMA personnel in some locality will enhance people’s trust.

7.3 Why choose “Aponjon” when getting other services

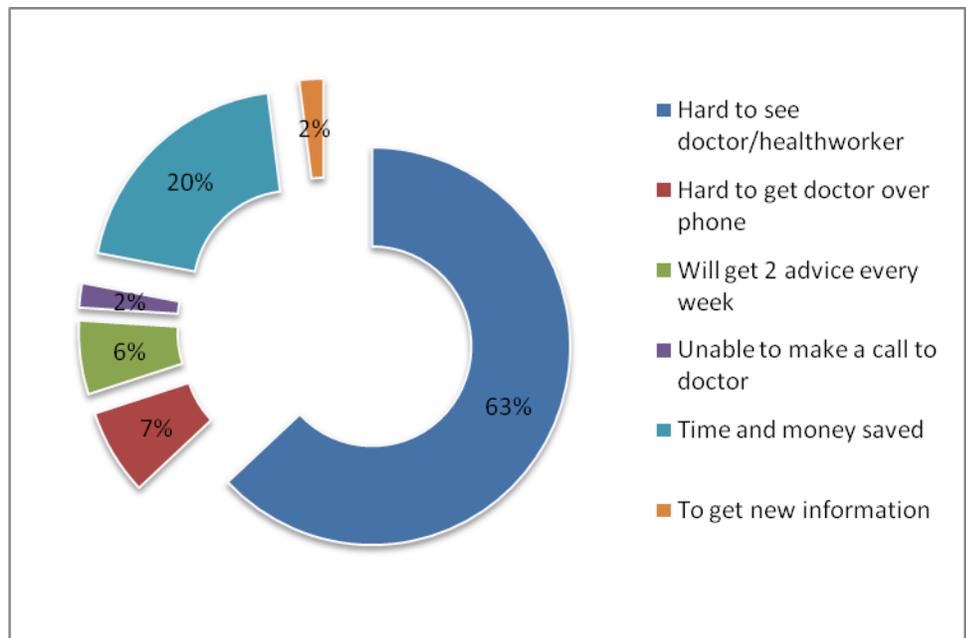


Fig: Preference for Aponjon over other services among non-users (%)

Non-users were asked why they would prefer Aponjon messages while they are exposed to channels of information. Like the Aponjon subscribers majority (63%) of the non-users admitted

the fact that it becomes difficult to visit a doctor or a health worker for every single query. 20% subscribers thought Aponjon would minimize time and cost for health advice. Some thought Aponjon would overcome the difficulties with reaching doctors over phone (7%) or making calls to a doctor frequently (2%). Others thought Aponjon would benefit them by giving new information (2%) twice a week from a reliable advicer(6%).

Implication: People now accept mobile health messages as they can reach health service just by sitting at home

7.4 Whether “Aponjon” is able to fulfill the need of the end users

93% non-users responded they thought health messages on pregnancy danger signs, mother and child care, nutrition and immunization, family planning methods and different issues related to pregnancy was sufficient to fulfill their necessity. 5% thought the messages were insufficient and the rest (2%) could not comment.

Respondent who thought the messages were insufficient, majority of them resided in urban slums (6) and the rest in urban areas (2) . They wanted in detail information on antenatal care, family planning, specific problems with baby’s food (picky children about food), allergy etc. The non-users responses were similar with the urban users who also wanted specific information.

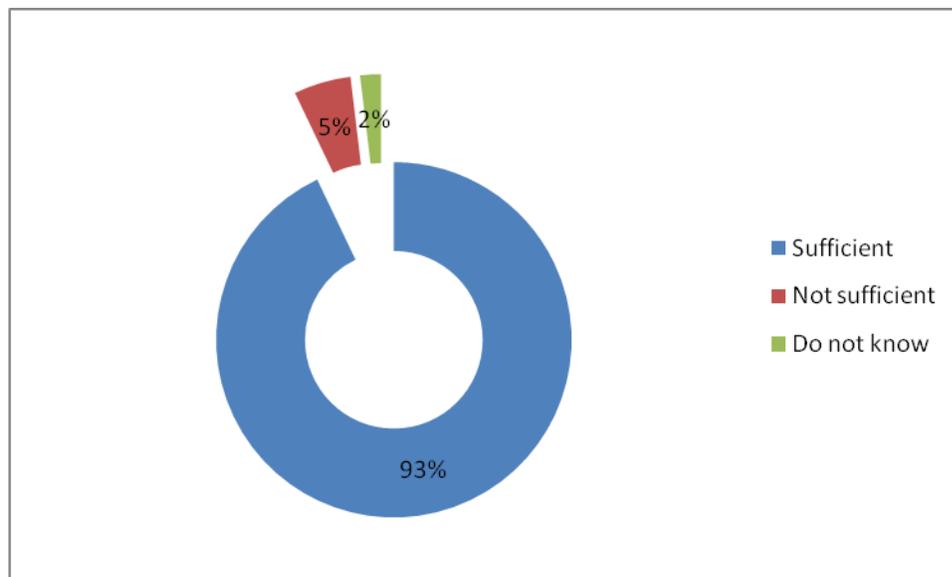


Fig: Perception of usefulness of messages among non-users (%)

Implication

Urban content should be different as they are exposed to a lot of information. Urban content should include information on child’s allergy, growth, play, stomach problems, mood etc.

7.5 Period of the Service

“Aponjon” right now gives service to expectant women from 6-42 weeks and new mother from 0-52 weeks of their baby. A woman can enroll in the service from the very beginning of the

service and can continue the service after her baby reaches his/her first birthday. However, there is a need to understand whether the length of the service period is acceptable to target client.

154 non-users responded to this question. Most of them (83.6%) thought the service period is okay. However, 13.6% thought the length of the service period was not right and thought the service should increase the length of the period after crossing baby's 1st birthday as they need information long after that time also. The rest (3.2%) could not comment.

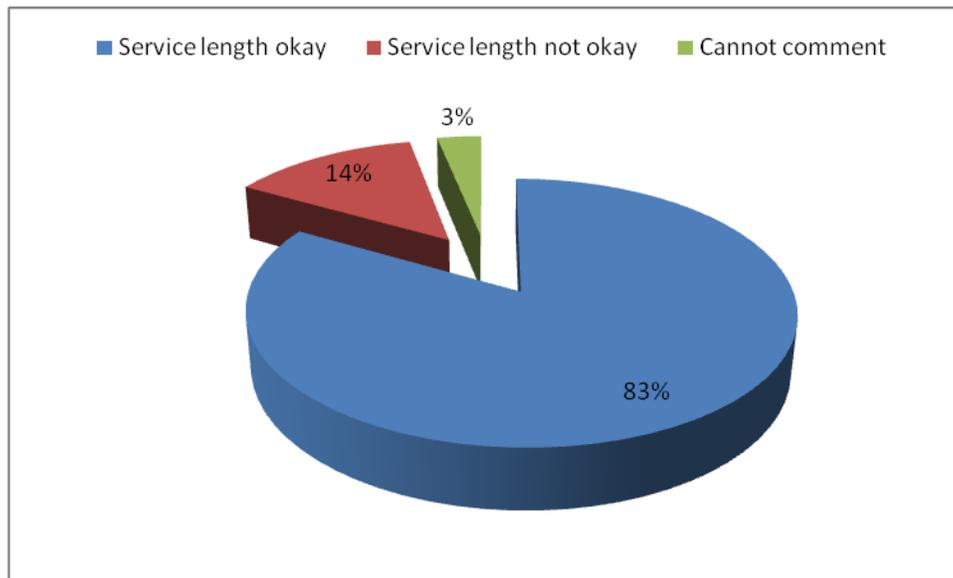


Fig: Perception of service length among non-users (%)

Implication: There can be an option to listen to messages for children under 5 years of age.

7.6 Length of the Messages

Currently each IVR messages are 1 minute long. Most of the non-users (78.8%) responded the length of the message was appropriate. 11.3% responded the messages were shorter than their requirement, they needed messages as long as 2-5 minutes. However, there were non-users who posed different opinion. They thought the messages were longer than their need and they would be happy to receive messages as long as 45 seconds. We found no relation with socio-economic condition of respondents and their willingness to listen to longer/shorter messages. We have observed the similar responses among Aponjon users. People from lowest quintile as well as wealthy quintile wanted to elongated messages. We observed a demand for messages longer than 1 minute in urban (15.2%) and urban slum dwellers (21.9%). Interestingly, in Poursava area 28.6% people thought the messages were longer than necessary.

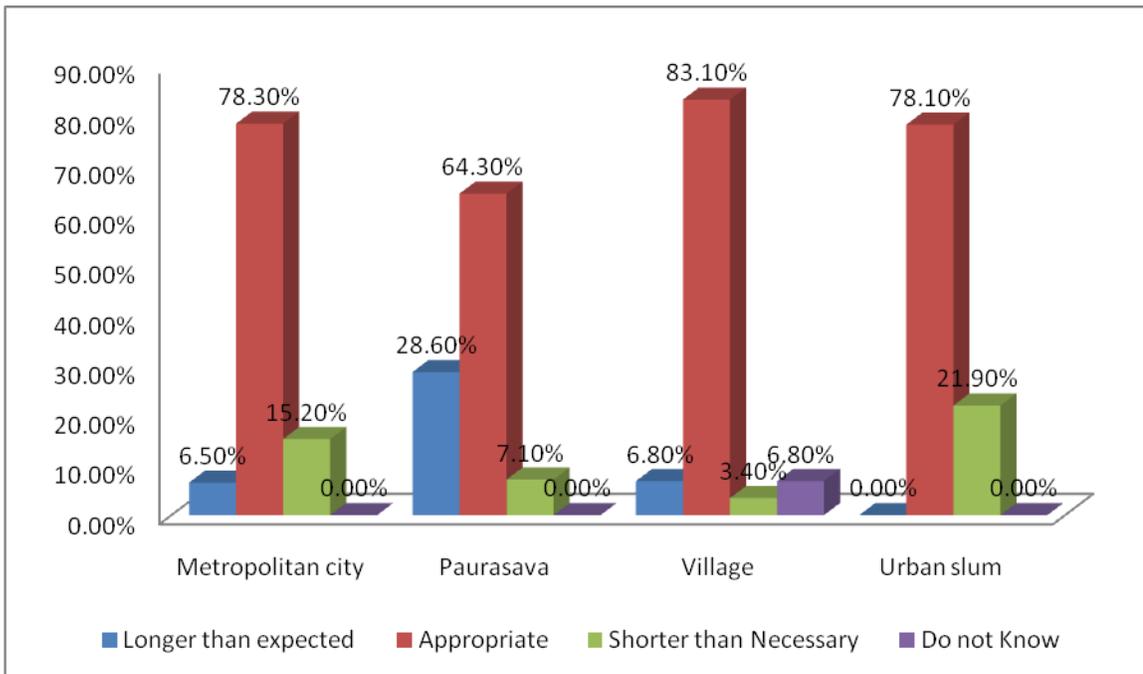


Fig: Perception of length of messages among non-users (%)

Implication: There should be in-depth understanding on the subscribers who thought the messages of 1 minute were long to them.

As majority of the subscribers thought the length of 1 minute for IVR is okay we need not change the length. However, we can have options of extended messages on mother and children's healthcare for interested subscribers.

7.7 Message Frequency

Most (86.4%) non-users thought 2 messages per week for women were just perfect. When asked most nonusers from urban (97.9%), Paurasava (92.9%), rural (76.7%) and urban slum (84.8%) commented that they would like to have 2 messages a week. There was need for more than two messages among nonusers from the Paurasava (7.1%), rural areas (18.3%) and from urban slums(9.1%). They preferred more than two messages a week. A few non-users from urban slum (6.1%) said they think two messages per week would be too much for them.

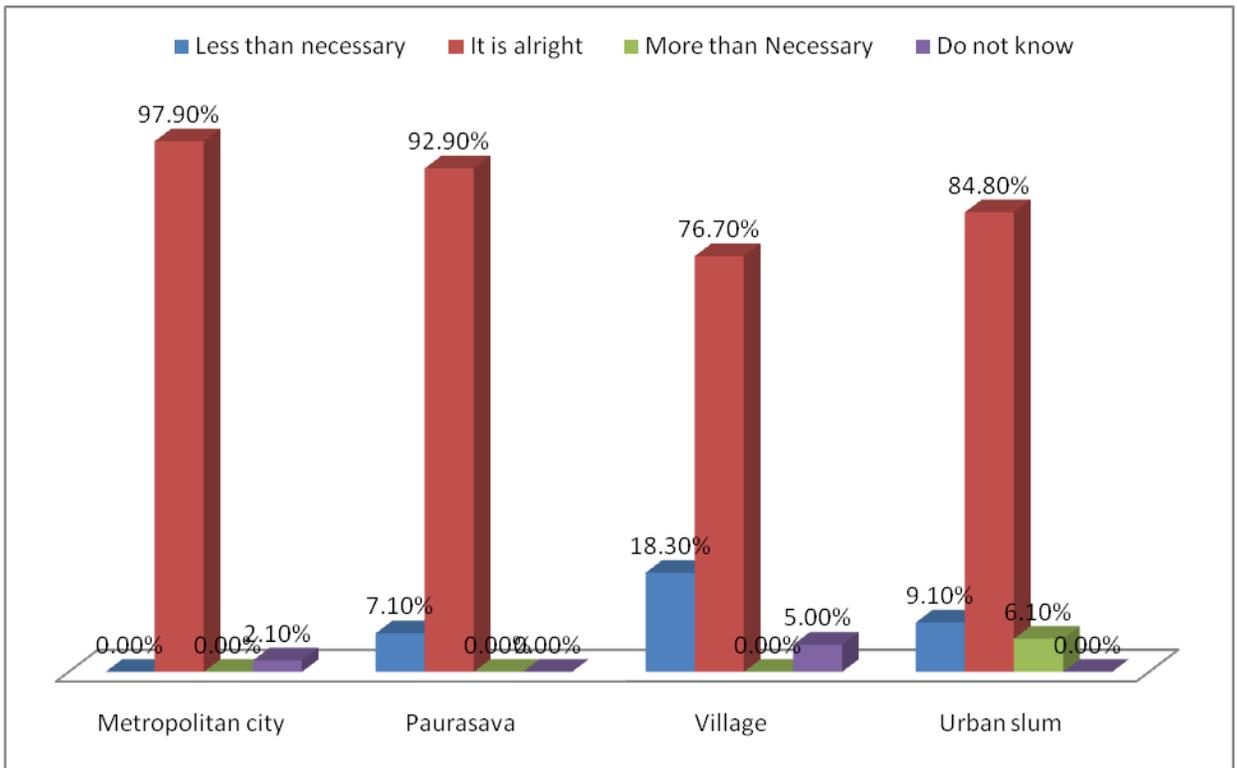


Fig: Perception of frequency of messages among non-users (%)

Implication: We need not change the service design. However right now keeping extended version message choice might fulfill the interest of subscribers who wanted more messages.

7.8 Clarity of the messages

During the phone survey two IVR messages were played, later the respondent was asked to recall the content of the message. The purpose of this exercise was to understand the clarity of the messages.

The findings were totally opposite to the users' response. 64% of the users could recall "Aponjon" message after listening once. But in case of the non-users only 38.2% could recall the messages completely. . Most non-users could say the messages partially (48.7%) while 13.2 % could say nothing. From this analysis we can conclude on one thing that after listening to few messages users got sensitized with "Aponjon" messages, so it was easier for them to follow the IVRs.

Message recall rate was high among urban non user respondents.55.6% urban users could recall the messages completely. Rate of recalling messages completely was quite low in Paurasava (42.9%), village (23.3%) and urban slums (39.4%). But rate of recalling the messages partially after hearing once was high in Paurasava, village and urban slums as 57.1%, 51.7% and 54.5% respectively.

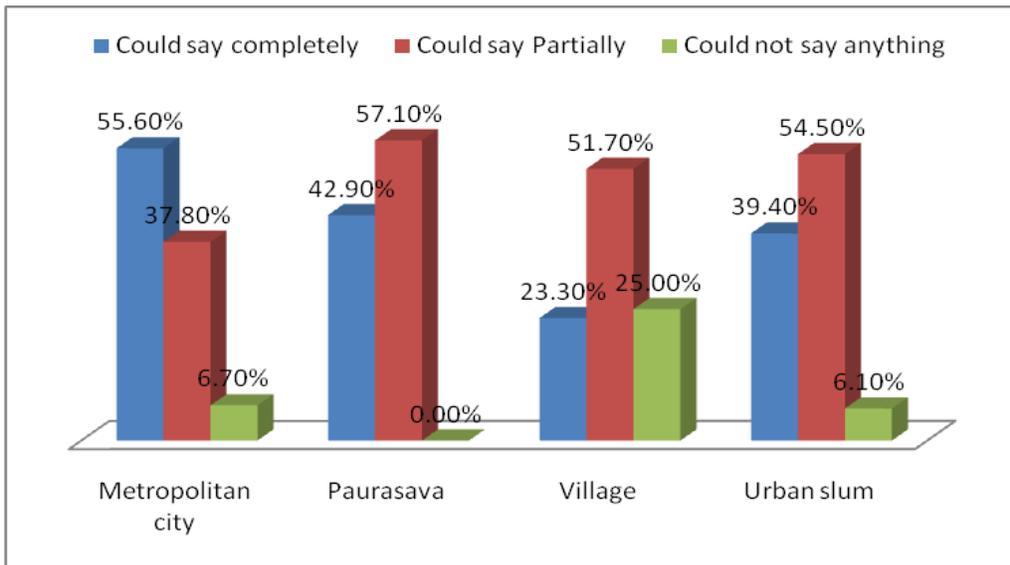


Fig: Recall rate of message content among non-users (%)

Most (69%) of the respondents commented it was hard to concentrate which can be overcome by proper sensitization as mentioned above. A significant number of non-users thought the 'doctor apa' was talking too fast to cope up with. Respondents from rural and Paurasava area (10%) remarked there were some unfamiliar words that were creating difficulty for them. There were disturbances from mobile phone set (4%), noise outside (2%) and unfamiliarity with the recalling process (1%) among non-users.

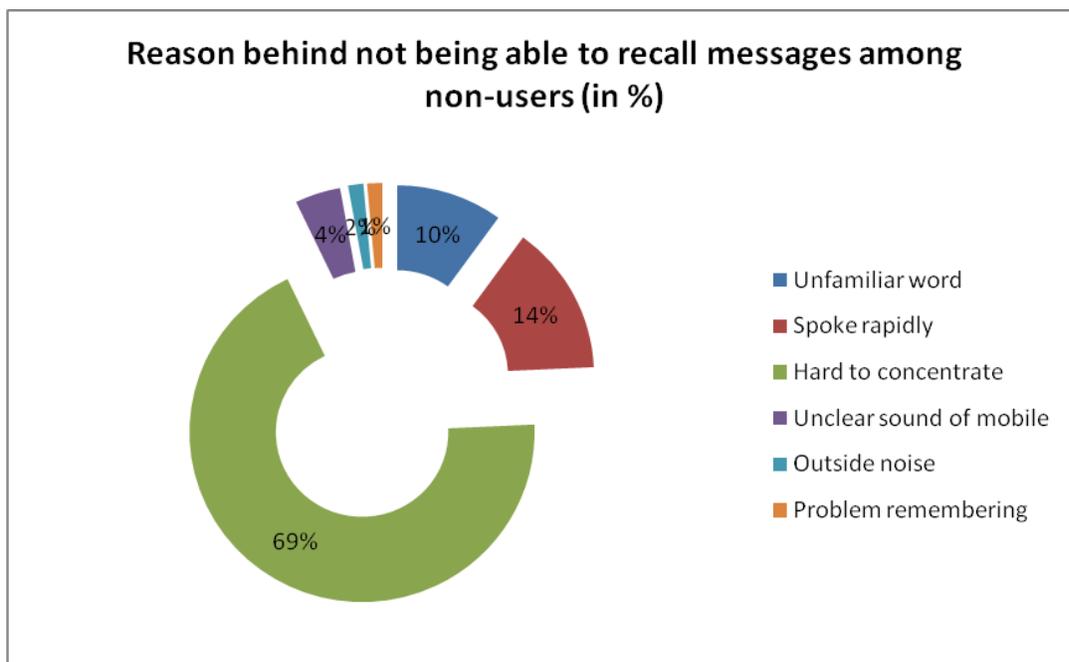


Fig: Reasons behind not being able to remember among non-users

Non-users who could not recall the messages at all said they were not accustomed to listen to mobile health messages. One of the respondents complained with the recording. Others hold the fact with noise outside and unfamiliarity with memorizing the messages.

Implication: The recordings of the messages will be checked for any improvement in the sound quality, empathy and talking in a slower speed. Introduction of dialects in the service may reduce unfamiliarity with some words.

7.9 Perception of Message Style

Aponjon IVR messages were designed under different style. Some of the messages had drama where the doctor apa talked to a woman (sometimes with her gatekeepers). Some of the messages had only directions from “doctor apa” on the things to do that current week. The respondents from different locations were asked which one they liked most. The findings were kind of similar with the responses of users about the directional messages. Urban people from SEC A and B preferred directional messages where “Doctor apa” kept on talking (58.7%), 21.7% people from this category preferred drama where conversations between Doctor apa and others occurred and the rest 19.6% opted for both drama and directional messages. The choice for message style was however different in Paurasava. A half of them (50%) opted for directional messages and the rest (50%) opted for both drama and directional messages.

Preference over both drama and directional message is observed among rural people. 58.6% rural people voted both for drama and directional messages, a lower 37.9% opted for directional messages only and the rest (3.4%) for drama.

In the urban slums preference over directional messages is higher (48.5%) than drama (36.4%). Only 15.2% opted both for drama and directional messages.

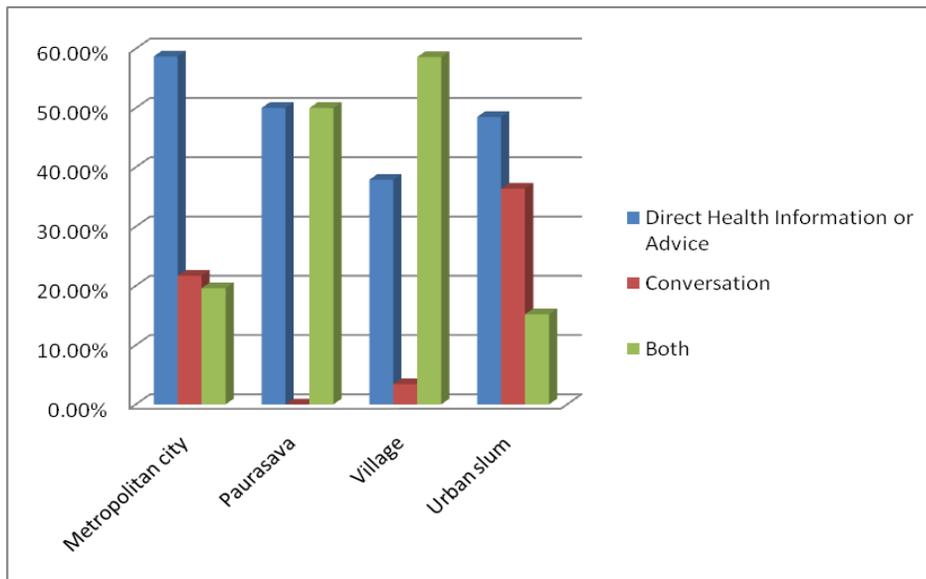


Fig: Preference for message style among non-users(%)

Implication: We should keep the directional messages in most of the contents, too many voices may raise confusion in 1 minute message.

Since drama is so popular in the rural context we might revisit the drama scripts of the urban people and urbanize the context before testing it on the field.

7.10 Aponjon Tune in the Message

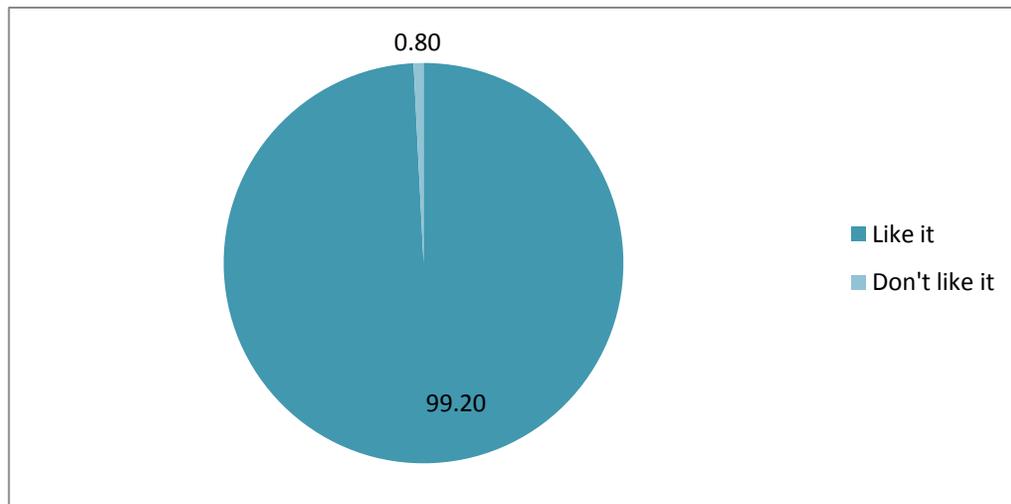


Fig: Preference for tune in the message among non-users

Aponjon messages have a jingle at the end of each message. Respondents were asked about the Aponjon jingle. 97.4% respondents said they liked the tune. We had critical inputs from urban respondents; 1.9% thought the tune was not necessary and another person (.6%) thought the tune sounded bad. They think if a good- quality message does not need such tunes.

Implication: We have to decide whether we should consider the feedback on inclusion of no jingle based on feedback from a few urban people. We may consider something instrumental when preparing separate urban contents.

7.11 Advertisement with the Messages

In the national launch “Aponjon” messages may contain advertisements on related products which may help the subscribers on making decision and also ensure a strong business model with sponsors. Some messages were designed with advertisements on FP products, hand washing materials with relevant messages. These advertisements were set at the beginning of the message or at the end of the message. Respondents were asked to rate the messages.

97.9% respondents said they liked the advertisements as it would help them in making decisions by keeping them aware of the relevant health products. 0.7% did not like the idea of having advertisements while 1.4% thought there was actually no requirement for this advertisement.

Respondents were also asked where they wanted to put the advertisements, at the beginning, in the middle or at the end of the message. Like the users of “Aponjon” majority (56.1%) of the subscribers suggested having the advertisement before the message initiates, 31.6% liked this at the end while the rest (3.6%) wanted the advertisement in the middle of the message. We had almost equal responses from urban respondents on positioning the messages in the beginning (15.8%) and at the end (15.1%). Most urban slum dwellers wanted advertisement at the end (16.5%).

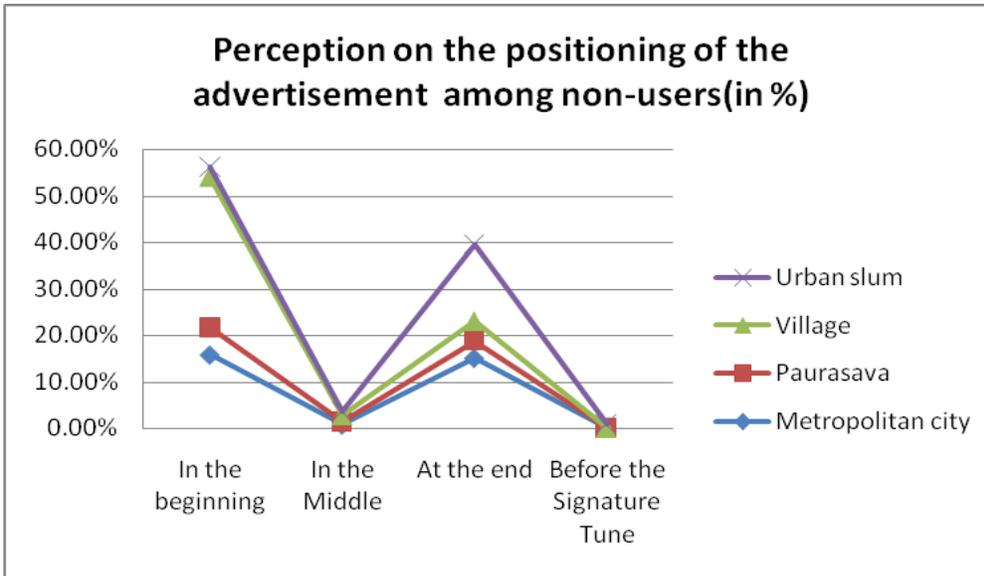


Fig: Perception on ad position among non-users

Implication: For rural people the advertisements may be in the beginning. But for urban content the messages might be run with advertisement at the end.

8. Recommendations:

1. Urban contents should have directional messages
2. Urban content should be different with specific information
3. For metropolitan city and urban slum dwellers the messages may run with advertisement at the end

Feedback from the Survey and Accepted Recommendations

9. Content Improvisation

Several changes were made to the content development and implementation phase after the survey results were collected. They are:

1. 25% of the entire Urban Script will be revised which includes customizing of the Guardian content

2. Editing all the contents that exceed the time limit of 50 seconds. These contents need to be reduced in length at scripting level and re-recorded again.
3. Initially the messages recorded came as a single recording with the different elements together. In this phase it is important to separate the audio contents in different segmentation, separating them in Signature Tune/Body/Teaser.

9.1 Urban message revision (both mother and gatekeeper)

Recommendation: The initial recommendation was that urban messages needed to be revised to fit in the urban context and give more in-depth information and increase empathy in the messages.

Decision: It was decided that 25% of the Urban Script would be revised to fit this criteria. These revised 25% would consist of the final deliverables for v3 content before the national launch. The rest of the content would fall under the next version of contents and be under a new contract.

D.Net and MCC will work together to identify the 25% of messages to be revised.

9.2 Message Length Revision

Recommendation: IVR message length needed to be revised, so that all IVR messages come below 50 sec and so that the advertisement can be accommodated in the remaining 10 seconds.

Decision: MCC will evaluate all messages and reduce the length to below 50 sec for those that are longer than that. D.Net has offered to help in revising scripts to fit the new timeframe. This has been in response to MCC raising concerns about the message content being hampered if the messages became too short.

9.3 Dividing all messages into separate components:

Recommendation: The recommendation was made to separate all messages into a single format in the form of Message/Notification/Teaser/Signature tune, with each part of the message being distinct, to reduce confusion and improve the focus of the message.

10. Challenges

MCC has raised several difficulties in achieving this. They are –

- a) If the components are broken, together they will no longer fit into the 1 min or 50 secs duration.
- b) Such segments of message, if played through the system as separate chunks will not sound good, as there will be gaps and clicking sounds between the different segments.

- c) To fit in the 50 sec timeframe, the audio segments have been cross faded into each other, and separating them will hamper the message beauty and length.
- d) Since this will involve editing of all messages into 4 components, it will require extensive editing of each message x 4 times and new budget need to be allocated for this. Hence, it is not feasible under the current contract.
- e) SSDTech is not technically prepared for such a system structure and hence it is not a requirement for now. If D.Net demands (and agrees to compromise with message quality), afterwards, the task will be started later, under a new contract.

Ultimately, a decision on this has been postponed until further discussion.

Annex 1: Questionnaire Sample for User

Annex 2: Questionnaire Sample for Non-User

Annex 3: Surveyors Bio

Akhi Khanom has completed her Bachelor of Arts from Mirpur Bangla Collage, 2012. She has 3 years experience in data collection from field survey and good external communication skills.

Golam Mawla has completed his Bachelor of Arts in English literature in 2008 from Bangladesh Islami University (BIU). He is experienced with community journalism and news reporting. He has also received different training on field survey and communication from Media Museum of Bangladesh (MMB). He has also successfully completed Online Data Entry job on promoting safe migration and local development in four districts from mass-line Media Centre (MMC).

Imran Hossain has completed his Masters of Science under National University BIST and is currently working in Mass-Line Media Center as an IT Officer. He has good mathematical skills which is very vital for data analysis of the surveyed questionnaire.

Md. Khairul Islam is currently studying Masters in Arts in National University. He is experienced in Field Investigation and worked as Marketing Officer in Unipex international in Dhaka.

Lucky Khanam is currently working at Mass-Line Media Center as a surveyor and data entry operator for their online database system for a project named Citizens Voice for Improved local Public Services- CVIPS.

Masuma Akter Bonna was involved as surveyor in Census 2011. She started her career to work for humanity using different media.

Samsun Naher currently working in Jono Kollan Songstha (JKS), has developed her career working in Nari Kollan Somittee and performed as a baseline surveyor in Mass-Line Media Center in Rajshahi and Sylhet.

Nasrin Akter Sumi started her career very early as a child journalist for a local newspaper. She has voluntarily worked in Social & Economic Enhancement Program SEEP.

Runa Parvin was involved as surveyor in Census 2011.

Sharmin Akter had worked in the survey for the first National ID Card made in Bangladesh.